

Signature: ___

Signature: __

Printed Name: _____

CERTIFICATE OF LIMITED PARTNERSHIP

Title 30, Chapters 21 and 24, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

1. The name of the limited partnership: (Remember to include the words "Limited Partnership," or the abbreviation L.P. (If the limited partnership is a professional entity (as indicated in #6) the name may include the word "professional" before the word "limited," or the letter "P" at the beginning of any of the permitted abbreviations.) 2. The complete street and mailing addresses of the limited partnership's principal office: (Street Address) (Mailing Address, if different) 3. Name and street address of the registered agent: (Name) (Address) Names and street addresses of each general partner: (Name) (Address) (Address) (Name) (Address) This limited partnership is a **limited liability** limited partnership. [If you check that your partnership is a limited liability limited partnership, your partnership name must end in LLLP or Limited Liability Limited Partnership.] 6. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership. (If applicable, enter one of the permitted professional services here. *Check instructions for list of permitted professions) Signatures of all general partners: Printed Name: Secretary of State use only Signature: _____ Printed Name:

Rev. 08/2015

INSTRUCTIONS

If the document is incorrect, provide contact	information where can you be reached for corrections:
Phone Number	Email address

Note: Complete and submit the application in duplicate.

- Item 1. Enter the name of the limited partnership. Pursuant to Idaho Code § 30-24-301 and 302(b), the name of the limited partnership must contain the words limited partnership or the abbreviation L.P. or LP. Also see Item 5 below regarding name of the partnership. It is advised that you contact the Secretary of State to check for name availability before filing.
- **Item 2.** Enter the street and mailing addresses of the principle office of the limited partnership.
- **Item 3.** Enter the name and street address of the registered agent of the limited partnership. A registered agent is the person designated to receive service of process upon litigation. This person <u>must</u> be located in Idaho at a physical street address.
- Item 4. Enter the name and mailing address of each general partner.
- **Item 5.** Check the box to indicate that your limited partnership is a limited liability limited partnership. If you check that your partnership <u>is</u> a limited liability limited partnership, your partnership name <u>must</u> end in LLLP or Limited Liability Limited Partnership.
- **Item 6.** If the limited partnership elects to be a <u>professional</u> limited partnership they do so by selecting one of the following qualifed professions:
 - *30-21-901(b), Idaho Code For the purpose of this act, the professions shall include the practices of architecture, chiropractic, dentistry, engineering, landscape architecture, law, medicine, nursing, occupational therapy, optometry, physical therapy, podiatry, professional geology, psychology, certified or licensed public accountancy, social work, surveying and veterinary medicine, <u>and no others</u>.
- **Item 7.** The certificate of limited partnership form must be signed by <u>all</u> general partners. Please identify the name of the signer by typing his/her name in the space provided.

Note: The Secretary of State will not accept partnership agreements for filing.

Enclose the appropriate fee (make checks payable to Idaho Secretary of State):

- a. If the application is typed and there are no attachments, the fee is \$100.00.
- b. If the application is not typed the fee is \$120.00.
- c. If expedited service is requested, add \$20.00 to the filing fee.
- d. If the fees are to be paid from the filing party's pre-paid customer account, conspicuously indicate the customer account number in the cover letter or transmittal document.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

Mail or deliver to:

Office of the Secretary of State 450 N. 4th Street PO Box 83720 Boise ID 83720-0080

If you have questions or need help, call the Secretary of State's office at (208) 334-2301.



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